

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Pabel	10-18-01	
O.I.P.E. CLASSIFIER	12	10129	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	E-H	715	11-07-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/6/03
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	N	N	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	N	N	
13	N	N	
14	N	N	
15	✓	✓	
16	N	N	
17	✓	✓	10
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	✓	✓	10
32	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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